

**POLICY
AND
PLAN OF ACTION
ON
HIV INFECTION AND AIDS**



THE CATHOLIC HOSPITAL ASSOCIATION OF INDIA

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POLICY
AND
PLAN OF ACTION
OF
HIV INFECTION AND AIDS



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FOREWORD

I am happy to place in your hands the **CHAI Policy and Plan of Action on HIV infection and AIDS**. The process has been long. I am grateful to God for the guidance and inspiration to all who have willingly given their time and efforts to chalk out the Policy, Strategy and Plan of Action. To all of them, CHAI owes a deep debt of gratitude.

The Plan is now before us. It is upto all of us, each person, member institution, Regional/Diocesan Unit and CHAI at headquarters to act on it. I call upon other Voluntary Associations and the Government at all levels to extend their cooperation.

Our primary duty is to prevent the spread of infection. We are in a unique position, being involved extensively and intensively in Health Care and Education.

The Plan of Action calls us to act with the people with HIV infection and care and support of persons with AIDS. We shall not fail in our duty.

With a deep sense of gratitude I like to place on record the selfless services of Dr. C. M. Francis and Dr. Christopher in compiling and editing.

Let us work together to face this challenge before us.

22.05.1995

**Sr Martin Maliekal J.M.J.
PRESIDENT**

FOREWORD

I am happy to place in your hands the CHAS. BERRY and VERA
LITTON and MY INTERVIEW with ALICE. The program has been long
in coming to God for the program and completed for you who have
any great love and desire to read the story. It is a story
of action. To all of them, this is a story that is true.

The film is now before you. It is a story of a man who
has been in the hospital, hospitalized, and who has been
in the hospital. I call upon you to read the story and the
program of all kinds to extend their knowledge.

Our primary duty is to preserve the spirit of the film. We are
in a position where we must extend the story to
the end and the end.

The film of action calls us to go to the people with the
story and call them to action. We must go
to the end.

With a deep sense of gratitude I wish to thank the people who
have made the film of action and the program of action
a reality.

Let us work together to face the challenge before us.

CHAS. BERRY and VERA
LITTON

1951



PREFACE

The Challenge of HIV infection and AIDS calls on all of us to respond to it in a qualitatively and quantitatively adequate measure. CHAI has considered this issue, reflected on it in depth and has now come up with its **Policy and Plan of Action**.

This document has been possible due to the untiring efforts of many. They responded to our request for the two consultations, the first one on **Policy** and the second one on **Strategy and Plan of Action**. Their active participation and contribution are appreciated very much. To all of them, from abroad or within the country, our heartfelt thanks.

The document calls for action. It calls upon all of us, wherever we are in whatever capacity we are, to take immediate, appropriate and adequate action. HIV and AIDS are grave threats to the person, the family and the community. Let us act individually and collectively to fight this threat. We need to prevent the spread of HIV infection and provide care and support to those affected by AIDS.

Together, we can,

22.05.1995

Fr John Vattamattom SVD
EXECUTIVE DIRECTOR

6 PREFACE

The challenge of HIV infection and AIDS is a global one. It is a challenge to the health and well-being of all people, and it is a challenge to the health and well-being of the world. It is a challenge to the health and well-being of the world.

This document has been prepared for the purpose of providing information to the public on the health and well-being of the world. It is a document that is intended to be a guide to the health and well-being of the world.

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What we can

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EXECUTIVE SUMMARY

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PREAMBLE

The Catholic Hospital Association of India (CHAI) is concerned at the alarming increase in the incidence and prevalence of HIV infection in India. CHAI, therefore, had a Consultation on the Formulation of CHAI Policy on AIDS on 8 and 9 April, 1994. The Consultation helped CHAI to formulate its Policy on AIDS. This was published and made available to all members and others interested in the problem of HIV infection and AIDS. The Policy had effects on the action taken by the member institutions. They also discussed it individually and in groups at Regional meetings. The purpose of these meetings was to consider plans of action and action taken.

A second Consultation on Action Plan of CHAI on AIDS was convened on 3 - 5 February, 1995 at Ashirwad, Bangalore. The Consultation,

- having had the benefit of the published statement of Policy of CHAI on AIDS,
- considering the recommendations of the Regional meetings of CHAI on HIV infection and AIDS, based on the experiences of the member institutions,
- called as we are to do all that is possible for the "least" of our brothers and sisters,
- having had the benefit of presentations at the Consultation on the present situation of HIV and AIDS in India and likely in the future, and
- discussing the alternative strategies for tackling the problem, in general and in groups, made a number of recommendations. These recommendations on Action Plan are now incorporated with the Policy.

Introduction

The pandemic of the Acquired Immune Deficiency Syndrome (AIDS) is in its second decade. According to the estimates of the World Health Organisation (WHO), at least 16 million adult persons and one million children have become infected by the Human Immune Deficiency Virus (HIV) and 4 million people have developed AIDS. The infection is spreading. Some characteristics :

- The pandemic is accelerating in South and South East Asia.
- The infection affects everyone; the people most at risk are the socio-economically poor.



- HIV/AIDS could cause more economic underdevelopment.
- Women and children are increasingly bearing the brunt of AIDS.
- No cure is in sight; the possibility of a vaccine is also remote.
- Heterosexual transmission accounts for at least 75% of HIV infection in adults across the world.

● Prevention requires behavioural changes. Being essentially a sexually transmitted disease, prevention requires change in sexual behaviour.

AIDS in India

Is AIDS a priority in India? Yes, it is. Out of the 10 million persons infected globally, more than 2.5 million are in South and South East Asia. In recent times, there has been a marked increase in the number of infected persons in India. If transmission of HIV continues at the same pace as at present, by the year 2000 AD, about 5 million persons would have been infected in India; the number of persons with AIDS would exceed one million.

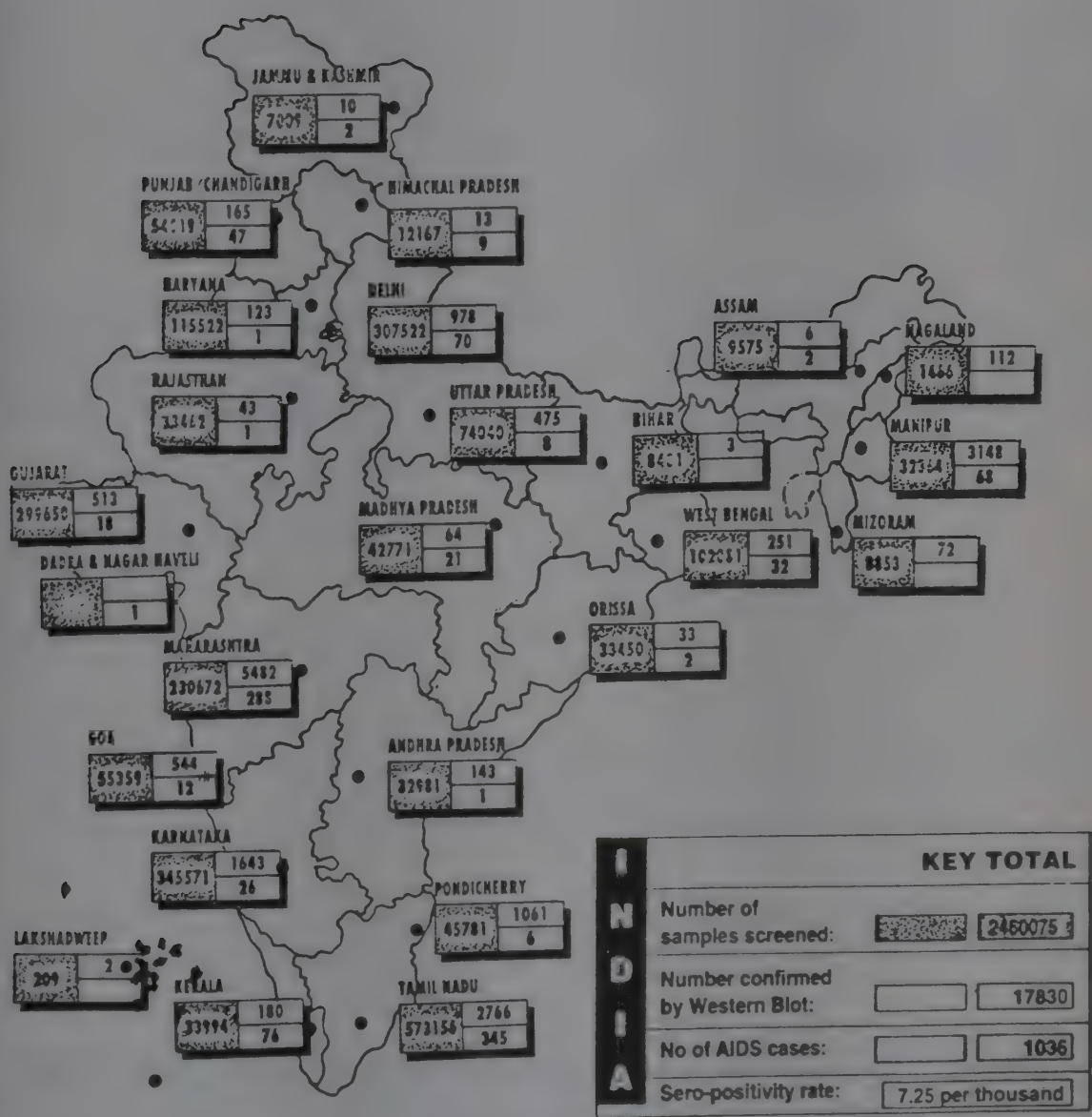
India has the burden of malnutrition, tuberculosis, diarrhoeas and





other infectious diseases. AIDS deaths are additional. The combination of AIDS and tuberculosis is fatal. AIDS hits those in the prime of life, leaving families economically and psychologically wasted.

HIV / AIDS IN INDIA





THE CATHOLIC HOSPITAL ASSOCIATION OF INDIA (CHAI)

Should CHAI be involved in the issue of HIV infection and AIDS? The Golden Jubilee Evaluation study has given the answer. CHAI must be involved.

CHAI is an organisation with over 2500 health care member institutions spread throughout the country. Most societies react only when AIDS becomes visible; very often that is too late. Member institutions are among the first to see persons with HIV infection and patients with AIDS. They should respond early with measures to prevent the spread of infection. Many are already infected and will progress to AIDS. As a healing community, involved in health care, CHAI and its members must accept and heal those with HIV/AIDS.

Many of the member institutions have sister institutions involved in education. This provides further opportunity to inform, educate and communicate and bring about effective change in behaviour.

**Thou hast made me endless, such is thy pleasure.
This frail vessel thou emptiest again and again,
and fillest it ever with fresh life.**

***Gitanjali
Rabindranath Tagore***

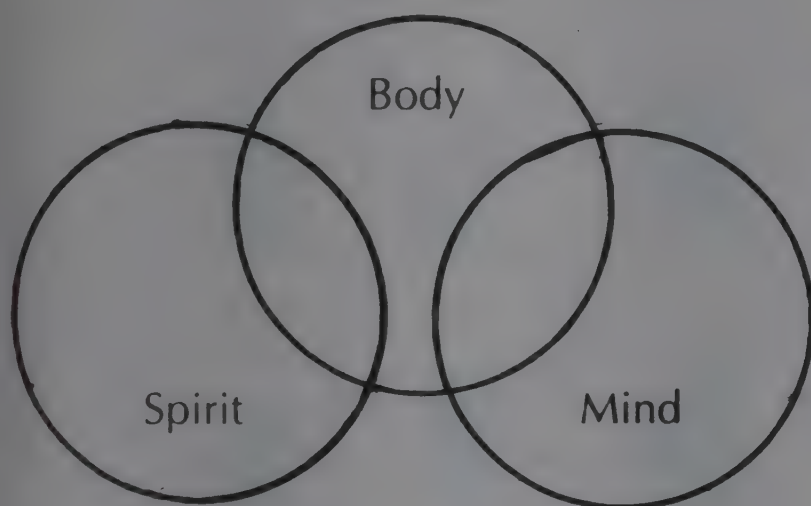


GENERAL

The Catholic Hospital Association of India (CHAI) has a crucial and urgent role in responding to the AIDS pandemic.

CHAI is committed to a programme of prevention of spread of infection through a process of education and training at all levels and to unconditional care of those affected by the infection.

CHAI policy, strategies and actions for HIV infection and AIDS



The Holistic Framework

would be in line with the overall CHAI policy of Community Health and Development and integral part of strategies and action of CHAI on health, with holistic approach to health and healing.

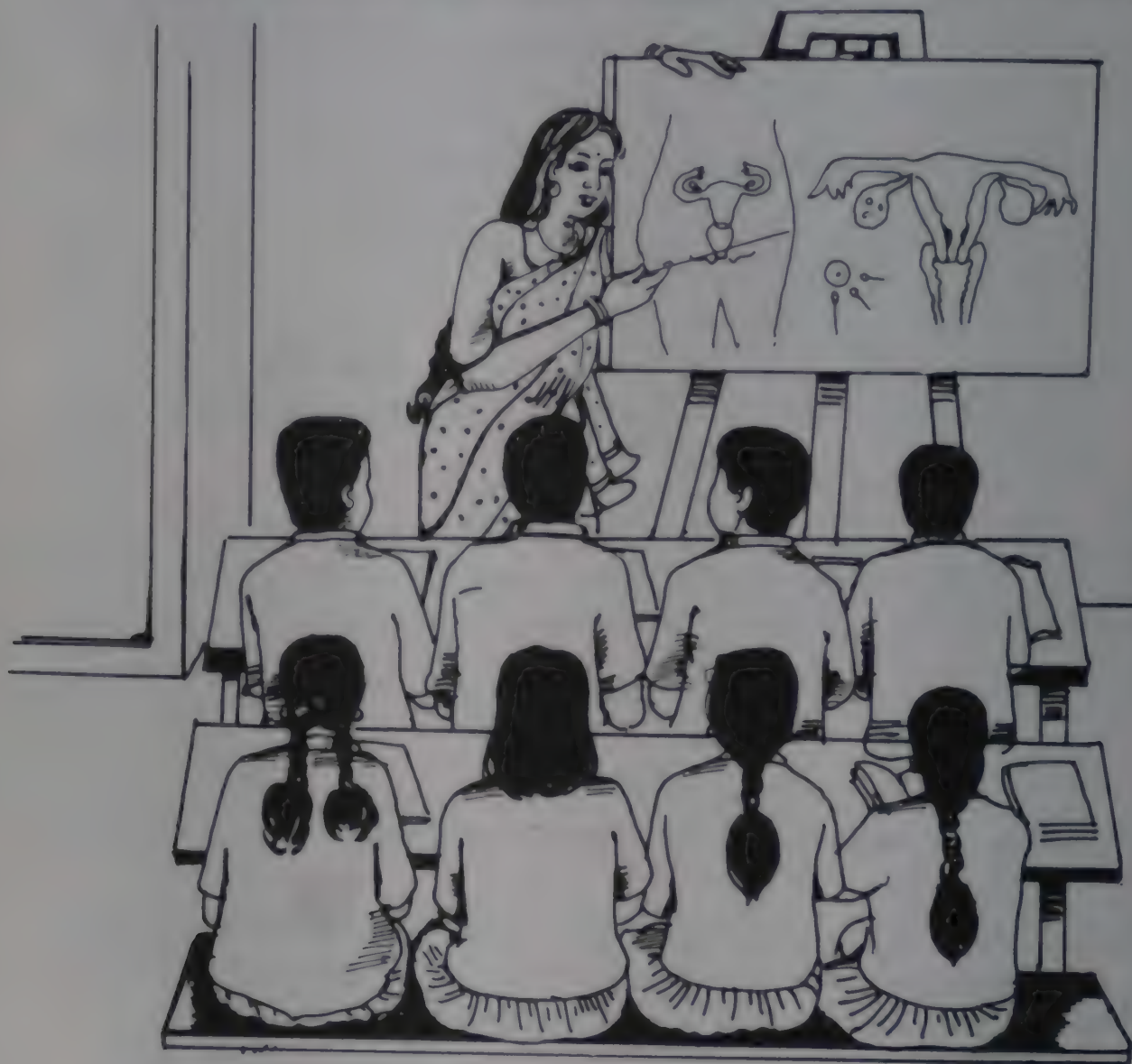
CHAI will focus attention on ethical, social and spiritual values apart from the physical and caring needs, as also on the justice dimensions without being judgemental.



1. Prevention

1.1. Policy

● CHAI and the member institutions will promote comprehensive education on human sexuality and values for a meaningful



life with responsible sexual behaviour.

● In handling HIV infection, CHAI would tackle the sexually transmitted diseases also. CHAI and the member institutions will promote increased access to diagnosis and treatment of STDs at all levels of care, educating all STD patients on HIV and AIDS.

● CHAI and the member institutions will address the problem of HIV spread among the intravenous drug users.

● CHAI and member institutions will involve parishes and dioceses, networking with all organisations and people in the area working for prevention of spread of HIV.



1.2 Strategy and Plan of Action

1.2.1 A comprehensive and extensive programme of training and orientation would be taken up.

Needs : Creation of teams of trainers at National (Central), Regional and Diocesan levels.

Time frame : 2 years for the first phase.

a. National level : 3-4 competent professionals (Health, Counselling, Social and Behavioural Sciences) to form the National level team and responsible for

- i. training regional teams,
- ii. developing training materials,
- iii. monitoring effectiveness, and
- iv. operational research.

The National level team studies the needs in the different regions, identifies available resources and makes adaptations on an on-going basis.

Time frame : 6 - 9 months

Existing sources : NACO modules and materials, CMAI, VHAI. CMC modules and materials; Caritas International materials; other resource persons and materials.





b. Regional level : 2 Regional Training teams of 3 members each. These teams will be for Integrated Community Health and Development programmes, with HIV/AIDS as an important component, consisting of Clinician/Counsellor/Social worker/Priest. These master trainers will undergo an initial five-day training programme facilitated by the National team.

There will be periodic updating and reinforcing programmes. Master trainers will conduct 3-day training programmes for members of the Diocesan team.

A three member Diocesan team, would conduct the training of religious sisters, clergy and community health workers at the periphery. The approach here also will be integrated community health and development including HIV/AIDS.

Training of Counsellors in HIV/AIDS, in addition to training in Counselling for all engaged in health work.



.Workshops on HIV/AIDS for people in leadership, such as Bishops/CRI members/Hospital Administrators/Superiors. Resource materials in regional languages could be procured/made.

Time frame : 1 1/2 years.



As a result of training, a 'core team' would be developed at the Diocesan level, who would

- reflect on AIDS policy and develop a diocesan level plan.
- motivate and train members engaged in health/education/social work/pastoral care;
- train community volunteers;
- develop linkages with other committed institutions/individuals engaged in work with HIV/AIDS.
- identify areas for strengthening community care structure; and
- enable the existing infrastructure in schools / parishes / dispensaries / social work societies to take up preventive education and promotion of community care.

An important person in the whole scheme is the sister-nurse in the periphery (health centre/dispensary) who needs to be helped to develop further



- proper attitudes towards human sexuality;
- in caring for HIV infected persons and AIDS patients;
- knowledge of universal precautions against infections;
- skills in primary level syndromic diagnosis and treatment of sexually transmitted diseases and AIDS,



- training, monitoring and supervision of local care givers;
- skills in counselling;
- knowledge and skills for imparting family life education, and in 'community organising', including identification of family, neighbourhood and community coping mechanisms for home based care.

1.2.2 Preventive education at the level of the member institutions
Health education is the first level of awareness building in the community.

Key people : Immediate contact groups, such as health workers, parents, opinion leaders. Orientation with the help of appropriate media such as folk media, videos, street theatre, puppetry etc.



Organised groups : Mahila Mandals, youth groups, parish clubs. Orient them in the same manner.

(It is emphasised that such health education is part of the integrated holistic approach to community health and development. Education of students in schools (9th standard) and colleges and adolescent school drop-outs, on HIV infection and modes of spread).



2. Hospitals and other health care institutions

2.1. Policy

- CHAI member institutions would be visible manifestations of God's Love.
- All members of CHAI recognise their obligation to render all possible and adequate care to every patient. There will be no discrimination on the basis of HIV status in the matter of admissions or treatment.
- CHAI will promote establishing diagnostic facilities, which will include those for testing for HIV and STD.
- Our health care institutions will provide health care services, social and counselling support and spiritual and pastoral care to people with HIV/AIDS. Every hospital will have at least one trained counsellor.
- All CHAI member institutions will take adequate infection control measures (universal protective measures) to the extent possible.
- CHAI will formulate guidelines for blood transfusion services and will promote voluntary blood donation.
- Each member institution will have a designated person as contact/liaison person for all matters connected with AIDS. Larger institutions and Diocesan Units will have AIDS Committees.

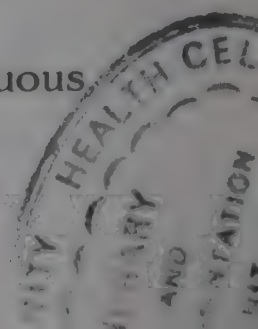
2.2 Strategy and Plan of Action

2.2.1. Hospitals

- a. Set up an AIDS policy committee, chaired by a senior Administrator, with sufficient competence in the field.

Functions

1. Implement guidelines for biosafety and infection control, throughout the hospital.
2. Identify and ensure provision of required materials (protection, sterilization, decontamination).
3. Provide counselling and train counsellors (religious sisters and clergy, if they had some previous training in counselling, can be given short term additional training in counselling with respect to HIV and AIDS).
4. Provide in-house education of all personnel.
5. Monitoring, evaluation and re-inforcing on a continuous basis.





b. Laboratory Services

1. Follow national guidelines on testing for HIV.
2. Develop specific transfusion guidelines on testing for HIV.



c. Treatment

1. Where considered beneficial, establish integrated clinics for care and counselling of HIV infected persons and their families, as also STD and TB patients.

2.2.2. Health Centre

- a. Education of health care personnel, beginning with the person in charge of the centre in
 - biosafety
 - counselling
 - syndromic management
 - diagnosis and treatment of sexually transmitted diseases.
- (Flow charts to be provided to all centres by CHAI)
- b. Provide protective materials, eg. gloves, plastic apron, etc.
- c. Limit use of injections.
- d. Ensure proper sterilization and decontamination of syringes, needles, equipment, linen.
- e. provide adequate disinfectant (liquid bleach/bleaching powder).



- f. Disposal of waste (eg. dressings) in a pit or by burning.
- g. Drugs: Iron administration to antenatal women to prevent anaemia and to avoid the need for transfusion. Essential drugs with instructions on indications and use. Register to record drug use and avoid misuse.
- h. Doctors at health centre, including visiting doctors, to be trained and their services to be utilised for training of health care personnel and management of patients.

At the diocesan level, CHAI would initiate along with CBCI and CRI, the formation of a committee consisting of administrators and medical superintendents of local member institutions to coordinate activities and pool resources.



3. Community care and support

3.1. Policy

- In consonance with the objectives of CHAI, members will show concern for the poor and marginalised including the HIV patients and their families.
- CHAI would promote home-based and community-based care; there is need for compassionate care of the terminally ill due to AIDS. Communities will be prepared to handle the situation of HIV infection and AIDS patients, including care and support of the persons affected and their families.
- CHAI policy will take into consideration the problem of HIV infection being compounded by malnutrition and concurrent infection with tuberculosis and other infectious diseases.
- CHAI member institutions are encouraged to seek participation of those affected by HIV and AIDS for programmes of prevention and care.
- CHAI considers duty bound to
 - help people with AIDS
 - be generous in the support of families broken by AIDS: and
 - care for children deprived of parents due to death from AIDS.



3.2. Strategy and Plan of Action

It is necessary to assess with the community and prepare the model, structure and personnel to be able to respond to the need as



it arises. A rapid appraisal system may be used.

In the health culture of our country, family and community care is the main coping mechanism in illness and suffering. Strengthen it further through creating awareness and training to bring about the required attitude. Such a coping mechanism may not be available in all regions (especially in urban slums with migrant population) and for all groups.

The level of care available to them will be assessed for developing or strengthening supportive structures.

Mobilise the community to care for persons with HIV/AIDS. Training is imparted through seminars, exhibitions, demonstrations, sharing of experiences and use of folk media.

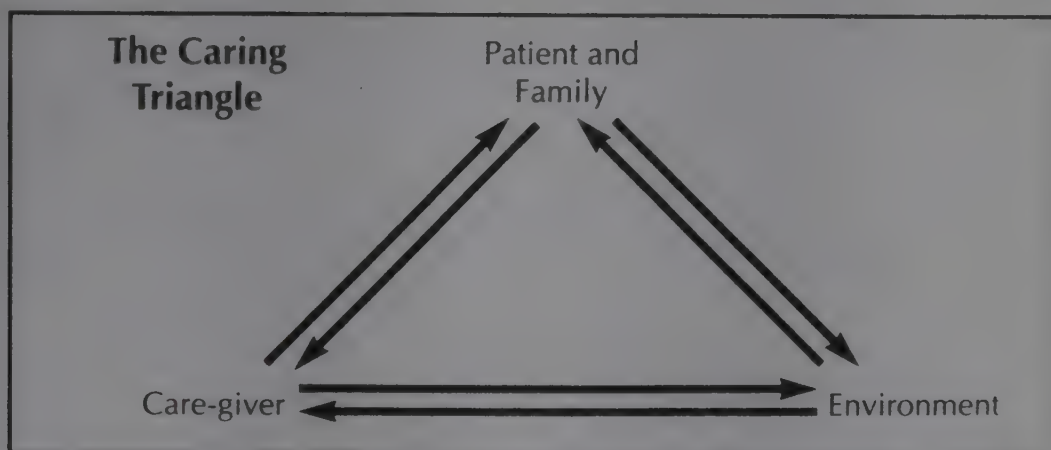
Provide support to the affected families, if required.

Provide support to care-givers.

Create family support systems at diocesan level to

- establish diocesan health unit for psychological (counselling), spiritual and social support.

- conduct seminars at parish level to promote community based care and support.



Develop a volunteer force at all levels to tackle this gigantic problem.

Use national and local publications to promote care and support of the infected people.

Collaborate with Government and other organisations and churches to provide care and support.

Give special attention regarding continuity of education of children.

Encourage extended family care.

Provide counselling services; organise workshops to equip pastors in counselling persons with HIV/AIDS and their families. Support and collaborate with religious congregations to establish and maintain hospitals, as and where a need exists.



4. Advocacy

4.1. Policy

● CHAI would campaign for

- the basic rights of persons with HIV/AIDS and against discrimination;
- adequate provision by Government of medical and social support services to persons with AIDS.
- better legislation regarding management of infectious diseases,
including HIV infection and STDs.

4.2. Strategy and Plan of Action

1. CHAI and its units will serve as liaison between persons in need and Government, particularly in the availability and supply of anti-tuberculosis drugs and STD services.
2. Should there arise a problem in a member institution in implementation of the policies, and it is brought to the notice of CHAI, CHAI will assume an advocacy role.



5. Ethical Issues

5.1. Policy

● CHAI members would respect confidentiality in the matter of HIV infection, but considering also the need for protection of others.

● There is need for informed consent for testing for HIV and for counselling both before and after the test.

5.2. Strategy and Plan of Action

CHAI will motivate health care personnel at all levels to adopt a non-discriminating approach to HIV infected individuals.

Each institution will reflect and draw up a policy statement for the institution in relation to non-discrimination based on HIV status. It will include basic and continuing training of health care personnel and also about providing emotional and material support. The institutions will follow the national and CHAI policy and guidelines on ethics.

**This is my prayer to thee, my lord--strike,
strike at the root of penury in my heart.**

**Give me the strength lightly to bear my joys
and sorrows.**

**Give me the strength to make my love fruitful
in service.**

**Give me the strength never to disown the
poor.**

**And give me the strength to surrender my
strength to thy will with love.**

**Gitanjali
Rabindranath Tagore**



6. Collaboration

6.1. Policy

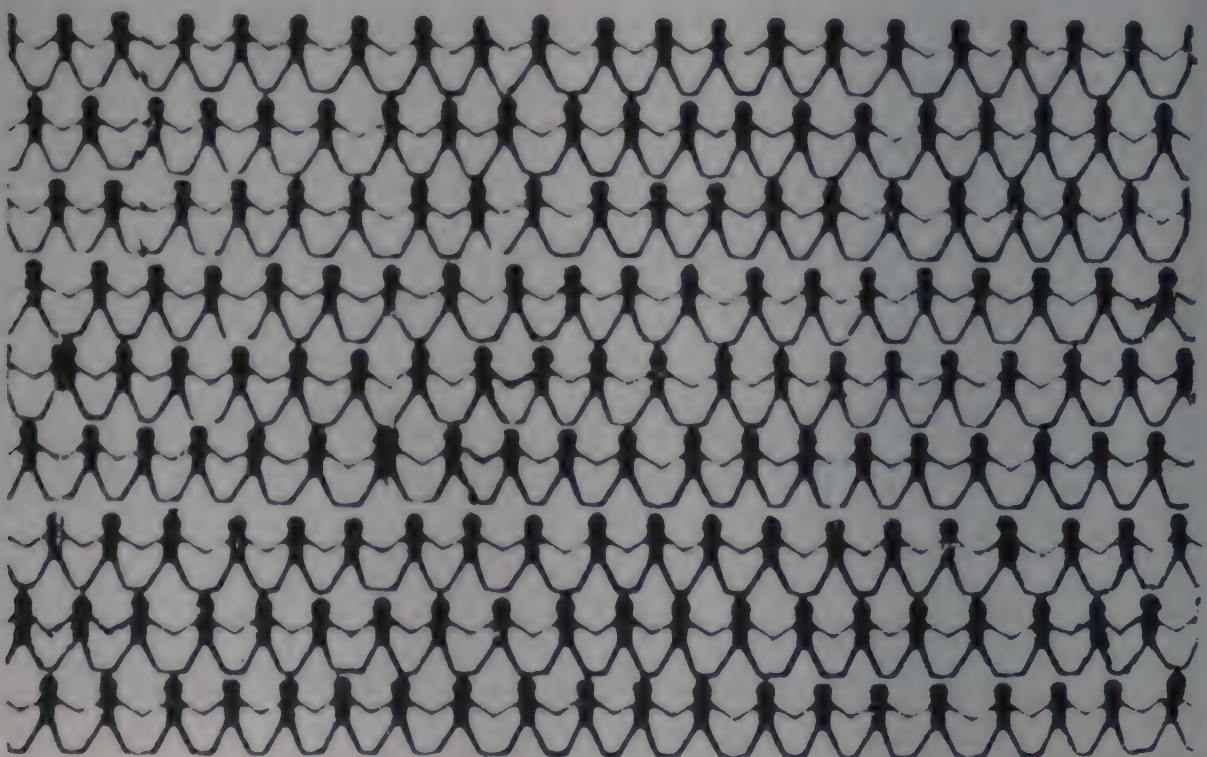
- CHAI would collaborate with
 - the Church;
 - the Government - Central, State and Local;
 - other like-minded, voluntary agencies; and
 - local groups such as youth and mahila mandals in promoting efforts to prevent the spread of infection and providing care
- CHAI would promote education of all health care workers and others, creating awareness of HIV/AIDS, leading to action.
- CHAI would strengthen its Regional and Diocesan Units to promote a holistic approach to the problems of HIV/AIDS.
- The Diocesan and Regional Units would promote Community capability leading to action to remedy the social and other problems related to HIV/AIDS.

6.2. Strategy and Plan of Action

CHAI at the centre will initiate steps towards

- CBCI adopting the policy on AIDS and endorsing the plan of action.
- developing greater co-ordination between CHAI, CRI and CBCI in implementing the AIDS plan.

The National level team would appraise NACO and State AIDS Cells the plan of action and actively invite collaboration.





Make Caritas Internationalis and Caritas India and other similar organisations aware of the CHAI plan of action and request for their collaboration.

Strengthen networks with CMAI and VHAI and others. Collaboration could include

- training a core team;
- sharing training materials and modules;
- using experiences and expertise of each other by exchange of key staff during major training programmes.

The regional and diocesan units will collaborate with other organisations in the field. It requires support from the Bishops, Government and Voluntary agencies.

There will be co-ordination of activities.

Material resources such as referral facilities, incinerators for disposal of waste, etc. will be shared.

With the help of the CBCI Health Commission, lists of Catholic Doctors in each diocese will be prepared, whose potential as resource persons could be tapped.



7. Finances

7.1. Policy Strategy and Plan of Action

The programmes and activities planned will require considerable amount of financial resources to make an impact on this enormous problem of HIV infection and AIDS.

CHAI will endeavour to make the activities as efficient and cost-effective as possible.

CHAI will make efforts to raise finances locally with the support of related institutions and organisations.

CHAI will inform funding partners and invite support for the AIDS Plan of Action at the centre, region, diocese and institutions.

Have you not heard his silent steps ? He comes,
comes, ever comes.

Every moment and every age, every day and every
night he comes, comes, ever comes.

Many a song have I sung in many a mood of mind,
but all their notes have always proclaimed,
'He comes, comes, ever comes'.

In the fragrant days of sunny April through the
forest path he comes, comes, ever comes.

In the rainy gloom of July nights on the thundering
chariot of clouds he comes, comes, ever comes.

In sorrow after sorrow it is his steps that press
upon my heart, and it is the golden touch of his feet
that makes joy to shine.

Gitanjali
Rabindranath Tagore



Consultation on CHAI Policy on AIDS Bangalore : 8-9, April, 1994

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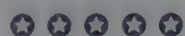
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Consultation on Plan of Action on AIDS Bangalore : 3 - 5, February, 1995

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NOTES



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Here is thy footstool and there rest thy
feet where live the poorest, and lowliest,
and lost.

When I try to bow to thee, my obeisance
cannot reach down to the depth where thy
feet rest among the poorest, and lowliest,
and lost.

Pride can never approach to where thou
walkest in the clothes of the humble
among the poorest, and lowliest, and lost.

My heart can never find its way to where
thou keepest company with the companionless
among the poorest, the lowliest, and the
lost.

Gitanjali
Rabindranath Tagore

